REQUEST FOR REFUND OR EXEMPTION OF CITY OF MOUNTAIN VIEW REAL PROPERTY TRANSFER TAX MOUNTAIN VIEW CITY CODE SECTION 29.62

City of Mountain View Finance and Administrative Services Department P.O. Box 7540 Mountain View, CA 94039-7540

REAL PROPERTY CONVEYANCE TAX

Grantor:				
Relations	ship to Grantee:			
Grantee:				
Relations	ship to Grantor:			
Property	Address:		·	
Assessor	's Parcel Number:	the Market Walter		
Recorder veyance reasons s	of Santa Clara Coutax pursuant to Mostated below: FUND OF REAL Plant	inty or requests an executive code ountain View City Code of the ROPERTY TRANSFE		
The following document(s) was/were recorded with County Recorder and the City's real property transfer tax was paid.				
a.	Type of Document Recorded (copy attached):			
b.	Doc. No.	in Book	@ Page No	
c.	Date of Recording	j:		
d.			(attach receipt)	
		OR	_	

	MPTION OF REAL PROPERTY CONVEYANCE TAX FOR PROPOSED ANSFER:		
	nt(s) <u>not</u> yet recorded with County Recorder and no tax paid yet. t wants prior determination of exemption.		
BAS	SIS FOR CLAIM OF REFUND OR EXEMPTION		
	Transfer of property between immediate family members (grandparent; parent; child; spouse).		
	Transfer of property pursuant to property settlement in dissolution of marriage.		
	Transfer of property for purpose of adding or deleting a cosigner with no financial consideration.		
	Transfer of title to property to accommodate change in names of partnership members where partnership continues to hold title to property pursuant to Mountain View City Code Section 29.71.		
	Partnership per Mountain View City Code Section 29.71.		
Transfer of property title to accommodate a change in office of the trustee No change in ownership and no financial consideration.			
	Other (29.67, 29.68, 29.69, 29.70)		
	STATEMENT OF FACTS		
	clare that I/we qualify for a refund or exemption of the City of Mountain Viewerty conveyance tax for the following reasons:		
	MANUTE CONTRACTOR OF THE PROPERTY OF THE PROPE		

I declare under penalty of perjury that the foregoing information and statement of facts are true and correct and request a refund or exemption of the real property conveyance tax. Executed this ______ day of _______, 200__, at , California. (Printed Name of Claimant) (Printed Name of Claimant) (Signature of Claimant) (Signature of Claimant) (Title of Claimant) (Title of Claimant) CITY OF MOUNTAIN VIEW Approved Denied Finance and Administrative Services Director By: Dated: Please include the following documents with this request: Copy of last recorded deed Copy of any applicable sections of a trust document that establish the key facts Additional documentation may be requested, as necessary. HMA/6/FIN 530-09-29-03R^